Illinois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED  C 01/26/2016	
		IDENTIFICATION NOMBER				
		IL6014617				
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STATE, ZIP CODE			
4815 SOUTH WESTERN AVE						
APERION CARE INTERNATIONAL CHICAGO, IL 60609						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE DATE	
S 000	Initial Comments		S 000			
	Complaint Investigation 1680213/IL82698		ed a la colonia de col			
S9999	Final Observations		S9999		New Orlands	
	Statement of Licen	sure Violation:	MINISTER PROPERTY A SILVER PRO			
	300.690B)					
	Section 300.690 Incidents and Accidents					
	b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. This requirement was not met as evidenced by:					
	Based on interview and record review, the facility failed to notify the state public health department of a left leg laceration for 1 of 3 residents (R1) all reviewed for incident reporting.		eventuria de la constanta de l			
	Findings include:					
	On 1/21/16 at 11:00am, E3 (Licensed Practical Nurse) stated "I was in the hallway and the CNA (Certified Nursing Assistant) was screaming my name, and I rushed to the room. (R1) was bleeding profusely on his leg. The blood was coming out real fast because he was on a blood thinner. I applied pressure to stop the bleeding, but the bleeding could not be stopped, so, we called 911." E3 explained further that the paramedics declined the request of R1's wife to take R1 to their preferred hospital which was not the nearest hospital. E3 stated that the Paramedics said they had to get R1 to the nearest hospital to stop the bleeding.			Attachment A Statement of Licensure V		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WING 01/26/2016 IL6014617 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4815 SOUTH WESTERN AVE** APERION CARE INTERNATIONAL CHICAGO, IL 60609 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 Progress notes of 1/5/16 documents "Resident was being assisted from shower room with two CNAs to his room. Once in the room, they attempted to assist resident into bed where resident hit his lower aspect of the leg and started to bleed profusely." Hospital records of 1/5/16 shows that the bleeding stopped after Vitamin K administration. R1's laboratory report of 1/4/16 indicated that the facility was aware of R1's elevated INR (International Normalized Ratio) level of 6.2 (Reference Range is 2.0-3.0). Emergency Room records stated "Chief Complaint: Laceration; Stated Complaint: Left Leg Pain." Emergency Room Physician's note dated 1/5/16 states "ED Course: Decision to suture the patient's laceration was had with the patient's family who noted that the past previous attempts to suture lacerations had resulted in skin tears. It was felt that the patient will be best managed healing by secondary intention. I discussed the case with Doctor (Z3) who accepted the admission and asked that Doctor (Z4) placed as a cardiology consult." Hospital Emergency Room records skin assessment dated 1/6/16 states "Skin Abnormalities/Conditions - Left shin area laceration noted with active bleeding." Hospital records show that the facility sent R1 to the hospital on 1/5/16 because of profuse bleeding. R1 was admitted and later transferred to a different hospital, where R1 eventually died.

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Illinois Department of Public Health STATE FORM

R1's death certificate documents that the cause

On 1/21/16 at 11:45am, E1 (Director of Nursing) stated "We do not have an incident report on it, but we have the report for risk management,

of death is "End Stage Renal Disease."

PRINTED: 03/16/2016 FORM APPROVED

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_\_\_ B. WING 01/26/2016 IL6014617 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4815 SOUTH WESTERN AVE APERION CARE INTERNATIONAL** CHICAGO, IL 60609 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 which is not meant for the state. They said the bleeding was profuse. To my knowledge, we only report an incident if it is a fracture." On 1/21/16, E1 presented the facility's policy on "Incident/Accident Reports" which states "The incident/Accident report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other, and resident to resident altercations." (B)

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